IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:	09/941,006	Confirmation No. 7032
Applicant	:	KIMBLE, David E.	
Filed	:	08/27/2001	
TC/A.U	:	2131	
Examiner	:	Sherkat, Arezoo	
Docket No.	:	TI-33210	
Customer No.	:	23494	
For	:	FFIO Architecture With In-Place Cryptographic Service	

AMENDMENT UNDER 37 C.F.R. §1.111 TRANSMITTAL FORM

Mail Stop Amendment

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Sir:

1.   Transmitted herewith is an amendment for this application.

STATUS

2.   The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Applicant is other than a small entity.

(a) ☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for other total number of months checked below:

	Extension (months)	Fee for other than small entity
☒	one month	$ 120.00
☐	two months	$ 330.00
☐	three months	$ 570.00
☐	four months	$ 570.00

Fee $ 1.20

If an additional extension of time is required please consider this a petition therefore.

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☐ An extension for_____months has already been secured and the fee paid therefore of $_____is deducted from the total fee due for the total months of extension now requested.

☒ Extension fee due with this request $ 120.00

OR

(b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims		Minus	20	= 0	x $18 =	$ 0
Independent Claims		Minus	3	= 0	x $86 =	$ 0
			TOTAL ADDITIONAL FEE FOR THIS AMOUNT			$ 0

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required $ -0-

FEE PAYMENT

If any additional extension and/or fee is required, charge Deposit Account No. 20-0668 and/or if any additional fee for claims is required, charge Deposit Account No. 20-0668. Two copies of this sheet are enclosed.

Respectfully submitted,
Texas Instruments Incorporated

By_____
William B. Kempler
Senior Corporate Patent Counsel
Reg. No. 28,228
(972) 917-5452